

## Program Year 6

### Second Quarter Report

January 1 to March 31, 2014

#### Introduction

Senegal has achieved a high immunization coverage rate in recent years, peaking at a reported 94 percent in 2007 and declining to 70 percent in 2010, with some regions reporting coverage as low as 30 percent. This declining coverage contributed to polio and measles outbreaks in 2009 and 2010, which in turn prompted the Global Alliance for Vaccines and Immunization (GAVI) to support the introduction of new vaccines.

In response to declining DTP3 containing vaccine (diphtheria + tetanus + pertussis 3rd dose) coverage, and to prepare for new vaccine introduction, the Maternal and Child Health Integrated Program (MCHIP) was invited in 2010 to lead and coordinate a multi-agency external Expanded Program on Immunization (EPI) review. This review aimed to identify factors that had contributed to recently declining immunization coverage, and to lay the groundwork for strategies to address system and other challenges. MCHIP assisted the Senegal Ministry of Health in analyzing and presenting EPI review findings and recommendations, which were then used to develop an implementation plan to strengthen the National Immunization Program.

In 2012, USAID/Senegal requested that MCHIP support the national EPI in implementing this plan, whose agenda included reinvigorating the routine immunization (RI) system and introducing new, lifesaving vaccines. As this technical assistance required that MCHIP establish an in-country presence, an MCHIP country program was formally launched in Senegal in January 2012. At that time, GAVI had just approved proposals for the introduction of two new vaccines, pneumococcal conjugate vaccine (PCV13) and the MenAfriVac™ vaccine (MenA).

MCHIP has since contributed to national, regional, and district-level planning for the introduction of numerous vaccines, including MenAfriVac™, PCV13, measles second-dose (MSD) vaccine, and rotavirus vaccine, and to ongoing initiatives to eliminate measles and rubella. Recognizing Senegal's ambitious plans to introduce several new vaccines in 2013 and 2014 and the continued technical assistance that would be needed from MCHIP to support these efforts, USAID/Senegal agreed in March 2013 to extend the MCHIP/Senegal program beyond its originally planned September 2013 end date until the end of June 2014.

More broadly, the goal of the MCHIP/Senegal program has been to work with the EPI and partners to strengthen the routine immunization system, increase vaccination coverage, and introduce two new lifesaving vaccines, PCV13 (nationwide) and MenA (sub-nationally). MCHIP provides technical support at the national level to the National Immunization Program and the Inter-Agency Coordinating Committee (ICC), as the country prepares for and follows up on newly introduced vaccines, while also providing operational guidance through two other, USAID-funded bilateral projects implemented by IntraHealth and Child Fund: *Renforcement des Prestations de Services* (RPS) and *Programme Santé Santé Communautaire II* (PSSCII), respectively.

MCHIP/Senegal's program objectives for Program Year 6 (PY6) have been as follows:

- **Objective 1:** To reinvigorate the routine immunization (RI) system to increase immunization coverage, maximize investments in new and underused vaccines, improve data quality, and reduce inequities among hard-to-reach populations.

- **Objective 2:** To provide technical assistance to the Ministry of Health (MOH)/EPI for the successful introduction of new vaccines approved by GAVI, and for the development of new proposals for submission to GAVI.
- **Objective 3:** Complete closeout activities and support strategic program dissemination at the national and sub-national levels.

## Second Quarter Achievement Highlights

Activities this quarter focused on strengthening the RI system, and on lending technical expertise to the MOH in the ongoing preparation and review of proposals to GAVI for the introduction of new vaccines—namely, rotavirus vaccine and inactivated poliovirus vaccine (IPV). Routine immunization strengthening activities included supporting trainings of health workers to build their capacity to manage EPI services, including through the use of data management tools such as the District Vaccines Data Management Tool (DVD/MT) and continuous temperature recorders. MCHIP also participated in EPI monitoring meetings and co-facilitated district-level workshops with district health teams to review and launch their Reach Every District/Community (RED/C) plans.

During the reporting period, MCHIP/Senegal's technical staff participated in both internal and external national, regional and global meetings on immunization. This included monthly technical ICC meetings, the annual EPI Managers' Meeting for West African Countries in Ouagadougou, Burkina Faso, and a global MCHIP Immunization Workshop in Harare, Zimbabwe.

### Strengthening routine immunization

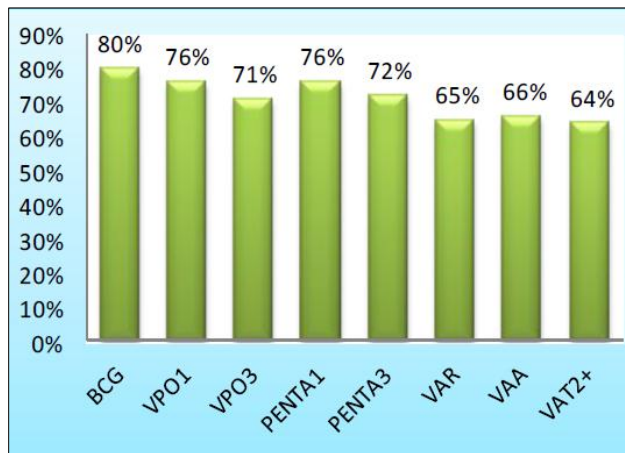
#### *Trainings*

During the second quarter of PY6, MCHIP/Senegal facilitated the below-listed trainings on RI strengthening. These trainings focused on technical areas such as data collection, analysis, and use for action; vaccine storage, supply, and handling; and encouraging immunization best practices.

- *Trainings on the use of revised DVD/MT tools*—These tools, which incorporate newly introduced vaccines and gender-specific data collection, were updated by the MOH/EPI to encourage improved immunization data collection in all regions and districts. 150 health workers from all four target districts (and representing regional and district health teams) were trained over the course of four concurrent training sessions, which were organized by the MOH with technical and financial support from UNICEF, WHO, and the GAVI/Health System Strengthening (HSS) program. (*January 8-9, 2014*)
- *Cold chain equipment training*—On the use of continuous temperature recorders for cold chain equipment to improve vaccine storage. This training was conducted in conjunction with the above-mentioned health worker trainings. (*January 8-9, 2014*)
- *EPI practices and management trainings*—For health workers in Mallem Hoddar and Kounghoul districts, Kaffrine region. 20 health workers (13 female, 7 male) in Kounghoul and 18 (8 female, 10 male) in Mallem Hoddar received these trainings, which were co-conducted by national MOH trainers, MCHIP/Senegal's National Immunization Technical advisor, MCHIP/HQ's Senior Immunization Technical Officer, and IntraHealth staff with financial support from RPS (one in each district) (*January 23-27, 2014*)
- *Microplanning follow-up sessions*—During the visit of MCHIP/HQ's Senior Immunization Technical Officer, Dr. Othepa, to Senegal. This included sharing some proposed RI management teams tools for improved micro-planning with district health teams in Mallem Hoddar and Kounghoul districts. Dr. Othepa also facilitated health worker training sessions funded by IntraHealth. (*January 18-30, 2014*)

### *EPI monitoring meetings*

During the second quarter of PY6, MCHIP/Senegal's technical team actively participated in EPI monitoring meetings convened by the MOH/EPI, with financial support of UNICEF. Dr. Yaradou, MCHIP/Senegal's National Immunization Technical Advisor, co-chaired this meeting in Fatick, which included representation from the regions of Kaffrine, Fatick, Kaolack, and Diourbel, and co-presented 2013 EPI and immunization surveillance results. District teams presented their performance and activity plans related to RED approach. District Chief Medical Officers presented their microplans to address considerations and challenges to achieving high levels of performance. As facilitator, Dr. Yaradou urged the importance of engaging local authorities and communities in both microplanning and monitoring activities to help secure their commitment to mobilizing local material and financial resources around these efforts.



2013 Senegal national immunization coverage, by vaccine type. Source: Senegal MOH/DP/EPI.

refinement of district microplans and conduct population mapping exercises as one strategy to help improve target population estimates.

Overall, meeting discussions revealed continued challenges around the timeliness of data reporting and completeness of district-level data, due to the lingering repercussions of prior data withholding practices. This difficult monitoring and evaluation (M&E) 'climate' is reflected in the national EPI's poor performance in 2013, which key immunization stakeholders were unfortunately still working to address throughout the first quarter of 2014 (per the graph at left). Weaknesses related to inaccurate target population estimates have also led to some discrepancies in data quality (e.g., Penta 3 coverage > 100 percent, and low performance in the regions of Ziguinchor and Fatick). MCHIP has since been working with the MOH and key immunization partners, particularly at the district level, to support

### *ICC meetings*

During the Q2 reporting period, the MOH/EPI convened one high-level ICC meeting (typically chaired by the Director of Prevention or EPI Manager) and three technical ICC meetings (chaired by the Minister of Health or a cabinet member, with representation from health service departments within the MOH. Representatives from other ministries (including finance and interior) and senior representatives from partner institutions, such as USAID, MCHIP, IntraHealth, PATH, UNICEF, WHO, JICA, the French Cooperation, and civil society organizations, were represented during the aforementioned meetings.

The high-level ICC meeting convened on January 29<sup>th</sup> served to prepare official responses to GAVI's review comments on the submitted proposal for introducing the human papillomavirus (HPV) and rotavirus vaccines, and to discuss results and next steps in follow-up to the November 2013 MR campaign. During this meeting, high-level ICC authorities endorsed the proposal responses drafted by the technical ICC. At the time of this report submission, GAVI has issued a formal letter approving demonstration introduction of HPV in two districts in Senegal (note: per MCHIP's contractual restrictions, the program has not been participating in these introduction planning efforts). Formal decisions from GAVI on Senegal's proposed introduction plans for rotavirus and measles second dose vaccines are still pending.

Technical ICC meetings were called to review clarifications requested by GAVI board regarding the country's proposal submissions, discuss ongoing activities and immunization performance, and develop a timetable for joint partner activity plans (e.g., to provide joint microplanning support to districts and avoid duplicative efforts among partners).

## **New vaccine introduction**

### *Introduction of rubella vaccine through the MR campaign*

On January 22, 2014, the MOH convened a workshop to share and evaluate results from the MR campaign and post-campaign coverage survey, and to refine plans for rubella vaccine introduction. During this workshop, participants—including MOH representatives and national, independent consultants involved in the campaign—prepared a final report (including recommendations) on the MR campaign that was then submitted to GAVI. MCHIP's National Immunization Technical Advisor, Regional Immunization Technical Advisor, and Senior Immunization Technical Officer from HQ sat with the EPI Manager representing the Director of Prevention, the Director of Health Promotion at the MOH, and Senegal's World Health Organization (WHO) representative. Dr. Othepa (MCHIP/HQ Senior Immunization Technical Officer) also delivered a presentation on using the MR campaign as an opportunity to strengthen RI as the basis of many disease control initiatives.

The national MR post-campaign survey revealed an overall coverage of 97%, based on vaccination card and history, with 63 out of 76 districts achieving at least 95% coverage. Critical to the success of the campaign included identifying hard-to-reach populations (including through rigorous microplanning) and targeted, follow-up efforts to reach them; early establishment of committees; timely supply of vaccines and vaccination materials; involvement of community leaders, women, and staff from primary and secondary schools; ownership of the campaign by local authorities; and daily evaluation of the campaign, followed by iterative use of data for action (i.e., conducting catch-up campaigns in poorly immunized areas).

### *Workshop to develop IPV vaccine introduction proposal in routine immunization program*

As noted in previous reports, both the Polio Eradication Endgame Strategic Plan 2013-2018 and WHO's Strategic Advisory Group of Experts (SAGE) recommendations urge that each country introduce at least one dose of inactive polio virus vaccine (IPV) by 2015. In order to meet this target, each country must in turn develop an IPV introduction plan before the end of 2014.

In response to this guidance, Senegal's MOH resolved to develop and submit a proposal to introduce IPV, for administration beginning at 14 weeks of age, along with Penta3 and oral poliovirus vaccines (OPV3), into the routine immunization system. In March 2014, the MOH convened a workshop of key immunization stakeholders to develop this proposal document, which will be presented at a high-level ICC meeting on April 17, 2014 for endorsement prior to submission to GAVI's board.

## **Collaborative RI strengthening initiative with IntraHealth and PSSC/ChildFund**

MCHIP re-engaged IntraHealth and PSSC/Child Fund during the reporting period to more formally launch collaborative RI strengthening activities. All three partners re-launched their agreed-upon activities, per their collaborative microplan: MCHIP/Senegal, for example, co-facilitated health worker trainings led by IntraHealth in the districts of Mallem Hoddar and Kounghoul, and supported planning and coordination of local stakeholder meetings in target districts that included local administrative authorities, community leaders, and local community-based organizations (CBOs) in the districts of Pikine, Guediawaye, Popoungue, and Tivaouane.

## **International meetings and workshops**

In March 2014, MCHIP/Senegal's National Immunization Technical Advisor and Regional Immunization Advisor participated in two international workshops: the West African annual EPI Managers' Meeting in Ouagadougou, Burkina Faso, from March 3 to 6, 2014, and an MCHIP Global Immunization Workshop, from March 13 to 14 in Harare, Zimbabwe. On April 24 and 25, 2014 also MCHIP participated in an International Conference on Religion and Vaccinations in Dakar.

### *West African EPI Manager's Meeting*

About 128 participants from Ministries of Health from West African countries, WHO (country offices, IST, AFRO and HQ), UNICEF HQ, (WACRO and country offices), GAVI, the Gates Foundation, USAID, SABIN Institute, and MCHIP attended the 2014 West African annual EPI Managers' Meeting. The objectives for this meeting were as follows:

- Present and discuss a general overview of the current polio situation and transmission in West African countries, the Polio Eradication and Endgame Strategic Plan 2013-2018, and ways to interrupt wild poliovirus;
- Discuss EPI performance in West African countries, identify challenges/bottlenecks, suggest pathways to strengthen RI, and address barriers to improving demand and access to immunization services;
- Chart progress in introducing new vaccines, as well as progress and challenges toward reaching the eradication/elimination goals of vaccine preventable disease (VPD)—particularly for measles, neonatal tetanus, and yellow fever.

MCHIP staff participated in these lively discussions and facilitated or co-facilitated group work on routine immunization, polio eradication, tetanus elimination, new vaccine introduction, and logistics issues.

### *MCHIP Immunization Workshop*



*Photo: MCHIP's Global Immunization Team in Harare, Zimbabwe, March 2014 (MCHIP).*

This workshop was convened as an opportunity to exchange experiences among MCHIP Immunization countries, and brainstorm how to build capacity in countries to improve RI system while introducing new vaccines. Staff from MCHIP HQ; MCHIP countries India, Kenya, Tanzania, Zimbabwe, Malawi, Uganda, and Senegal; the JSI/GAVI project, from Madagascar and South Sudan; and the JSI/UI-FHS project from Ethiopia attended this workshop. The objectives of this MCHIP global workshop were as follows:

- To share approaches and leverage opportunities to address the challenges facing by RI and new vaccine introduction;
- To identify strategies and key activities to further strengthen routine immunization in countries where MCHIP is working. In-depth discussions were held around new vaccine introduction; data quality and use; partnering with communities; service quality; training and capacity building; supply chain management; and transitioning from the RED to REC approach.

Senior technical officers from HQ also convened side meetings with various MCHIP country teams. The Senegal team presented its current scope of work and upcoming activities, and discussed future collaborations with the USAID-funded, IntraHealth- and ChildFund-led health projects in Senegal. In terms of expected MCHIP/Senegal technical support to the MOH and immunization partners, planning discussions emphasized support for new and underutilized vaccine introduction (NUVI), including for the post-introduction evaluation (PIE) for PCV13, and the ongoing need for technical assistance



around microplanning and supportive supervision of outreach activities in MCHIP/Senegal's target districts.

### *International Conference on Religion and Vaccination*

This international conference, hosted by the Government of Senegal in Dakar on March 24 and 25, was initiated by the International Interfaith Peace Corps (IIPC), the Islamic Society of North America (ISNA), and the Global Centre for Renewal and Guidance, with support from The Bill & Melinda Gates Foundation. The summit was organized by a committee which included the Ministry of Foreign Affairs and Ministry of Health, under the supervision of the President of Senegal. Hundreds of participants, including scientists, medical doctors, public health specialists, religious leaders from Senegal, the United States, Saudi Arabia, Nigeria, Mali, Sudan, Niger, Uganda, Kenya, Chad, the World Health Organization Regional Office for Africa (WHO/AFRO), and the United Nations Children's Fund West and Central Africa (UNICEF/WCARO) attended the conference.



*Photo:* Closing ceremony for International Conference on Religion and Vaccination. From left to right: Imam Magid (IIPC, far left), Minister of Health, Prof. Al Sow (President, Organizing Committee), Mr. Sarr (Gates Foundation).

As part of the event, MCHIP/Senegal's National Technical Advisor participated in plenary sessions to discuss the eradication or elimination of vaccine-preventable diseases, outbreaks and vaccinations, and encourage public understanding of vaccines as well as religious perspectives on vaccination. Dialogue focused on polio vaccine refusal among religious Muslims, especially in Nigeria. Religious leaders highlighted the lack of communication between health professionals and community, especially religious, leaders. Religious (particularly Muslim) leaders in attendance clearly affirmed that they do not oppose vaccination, and that they are committed to promoting vaccination in support of polio eradication.

## Key Q2 Results

Items	Achievements	Next steps
<b>Routine immunization strengthening</b>	<ul style="list-style-type: none"> <li>Facilitated 4 trainings sessions, on: (1) use of revised DVD/MT tools; (2) use of continuous temperature recorders for cold chain equipment; (3-4) health worker EPI practices and management, in the districts of Mallem Hoddar and Kounghoul.</li> <li>Contributed to preparation and implementation of national EPI monitoring meetings.</li> <li>Participated in 3 technical ICC meetings and one high-level ICC meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct formative supervision in districts where training was conducted.</li> <li>Provide continued technical support to technical ICC.</li> <li>Prepare for next EPI monitoring meetings (currently anticipated for June 9-13, 2014).</li> </ul>
<b>New vaccine introduction</b>	<ul style="list-style-type: none"> <li>Rubella vaccine introduced as part of RI after MR campaign, presenting opportunity for follow-on introduction of measles second dose (MSD) vaccine.</li> <li>Development of proposal document for introduction of IPV vaccine in routine immunization</li> </ul>	<ul style="list-style-type: none"> <li>Support planning for PIEs for rubella and PCV13.</li> <li>Continue to actively participate in national ICC meetings.</li> <li>Participate in presentation of IPV proposal to GAVI board.</li> </ul>
<b>Collaboration with IntraHealth and ChildFund</b>	<ul style="list-style-type: none"> <li>Shared draft MoU with IntraHealth and ChildFund for their review, input, and counter-signature (January 2014).</li> <li>Co-facilitated health worker training sessions in Mallem Hoddar and Kounghoul districts.</li> <li>Participated in meetings with district teams to share performance data and refine district microplans in follow-up to MR campaign.</li> <li>Co-facilitated meetings with local authorities, community leaders, and local CBOs to sensitize them and strengthen their buy-in around RI issues.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to advocate with partners to co-sign agreed upon MoU.</li> <li>Continue to monitor and implement activities per joint action plan developed in December 2013.</li> <li>Document performance in targeted districts.</li> </ul>
<b>International meetings and workshops</b>	<ul style="list-style-type: none"> <li><i>Highlights from West African Annual EPI managers' meeting:</i> The current situation of polio is favorable to achieving eradication by 2018. Countries are encouraged to develop proposals to introduce at least one dose of IPV into their RI schedules by Q3 2014 and should ensure that bottlenecks in EPI performance are addressed in introduction plans.</li> <li><i>Highlights from MCHIP Immunization Workshop:</i> Participants from MCHIP countries shared experiences on key challenges, successful and promising approaches to RI strengthening and new vaccine introduction, and perspectives on requirements for expanding and institutionalizing practices for effective and sustainable RI strengthening. MCHIP/Senegal's team highlighted its efforts to support RI system strengthening in 4 target districts, which need support particularly around microplanning and supportive supervision of outreach activities.</li> <li><i>Highlights from International Conference on Religion and Vaccination:</i> Discussion focused on polio vaccine refusal among religious Muslims, especially in Nigeria. In response, religious leaders highlighted the need to reinforce communication between health professionals and the community, particularly with religious leaders. Participants affirmed their commitment to promote immunization and support polio eradication efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Support and work closely with the MOH/EPI and key immunization partners in country to follow up on meeting recommendations.</li> </ul>